



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

*Bid No. **RTQ-00140***
Award Sheet

PROCUREMENT DIVISION

BID NO.: **RTQ-00140**

PREVIOUS BID NO.: **9227-4/15-4**

TITLE: **SPECIALTY PRINTED PRODUCTS, SERVS INSTAL**

CURRENT CONTRACT PERIOD: **10/01/2015** through **09/30/2023**

Total # of OTRs: **0**

MODIFICATION HISTORY

*Bid No. **RTQ-00140***

Award Sheet

DPM Notes

Additional Commodity Codes: 700-57, 962-51. Previous Bid Numbers that were merged into this RTQ are:
9227-4/15-4 and 9237-4/16-4.

APPLICABLE ORDINANCES

LIVING WAGE: **Yes**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

Yes Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

Yes Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

Yes Insurance

Miscellaneous:

REQUISITION NO.: **RQID1400152**

PROCUREMENT AGENT:

CAMPBELL, ROMA

PHONE: 305 375-3233

FAX: 305 372-6128

EMAIL: RCAMP@MIAMIDADE.GOV

DEPARTMENT OF PROCUREMENT MANAGEMENT
PROCUREMENT DIVISION

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VENDOR NAME: **ARCHI PRESS & DESIGN INC**
 DBA:
 FEIN: **020610945** SUFFIX : **01** 33186
 STREET: **12808 SW 122 AVENUE** CITY: **MIAMI** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET14** TOLL PHONE: **800-644-6694**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **Yes**

SBE	Yes	Set Aside	Yes	Bid Pref.	Yes
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
RITA JALIL - PRESIDENT	305-259-1815	800-644-6694	305-259-1819	SALES@ARCHIPRESS-INC.COM

VENDOR NAME: **DORAL DIGITAL REPROGRAPHICS CORP**
 DBA:
 FEIN: **204073160** SUFFIX : **01** 33122
 STREET: **8280 NW 27 STREET SUITE 505** CITY: **DORAL** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET14** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **Yes**

SBE	Yes	Set Aside	Yes	Bid Pref.	Yes
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
GIANCARLO ANNITTO	305-704-3194	-	305-704-3195	PRINTING@DDREPRO.COM

VENDOR NAME: **APIMAGING INC**
 DBA: **ASSOCIATED PHOTO & IMAGI**
 FEIN: **462899509** SUFFIX : **01** 33130
 STREET: **19 SW 6TH STREET** CITY: **MIAMI** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET14** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **Yes**

SBE	Yes	Set Aside	Yes	Bid Pref.	Yes
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
CINDY ALONSO	305-373-4774	-	305-373-7446	CINDYA@APIMAGING.COM

VENDOR NAME: **ASSOCIATED PRINTING PRODUCTIONS INC**
 DBA:
 FEIN: **650299230** SUFFIX : **01** 33014
 STREET: **13925 NW 60TH AVE** CITY: **MIAMI LAKES** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET14** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **Yes**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
ALLEN MURDOCK	305-6237600	-	305-6231777	AMURDOCK@APPI1.COM

VENDOR NAME: **ALL BINDERS & IDEXES INC**
 DBA: **DELRAN BUSINESS PRODUCTS**
 FEIN: **650397715** SUFFIX : **01** 33010
 STREET: **860 WEST 20TH STREET** CITY: **HIALEAH** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-228-1145**

VENDOR INFORMATION:*CERTIFIED VENDOR**ASSIGNED MEASURES*Local Vendor: **Yes**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JUAN C CRUZ	305-889-9983	800-228-1145	305-889-9985	JC@DELRAN.COM

VENDOR NAME: **JNNP INVESTMENTS INC**
 DBA: **Tampa Envelope**
 FEIN: **462231107** SUFFIX : **01** 33610
 STREET: **6502 North 54th St.** CITY: **Tampa** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-2722723**

VENDOR INFORMATION:*CERTIFIED VENDOR**ASSIGNED MEASURES*Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Violetta Wolert	407-2275012	800-2722723	813-6218889	vwolert@tampaenvelope.com

VENDOR NAME: **THE DUBHOUSE INC**
 DBA:
 FEIN: **650787470** SUFFIX : **01** 33316-1
 STREET: **404 SE 15th St.** CITY: **Fort Lauderdale** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY: **AS NEEDED**
 PAYMENT TERMS: **NET30** TOLL PHONE: **877-9003827**

VENDOR INFORMATION:

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor: Yes	SBE No Set Aside No Bid Pref. No	
	Micro Ent. No Selection Factor No Goal No	
	Other:	Vendor Record Verified? Yes

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Michael Pardo	954-5243658	877-9003827	954-5221905	mike@thedubhouse.net

ITEMS AWARDED Section:

Details: **RTQ-00140**

Request To Qualify Pool Contract. Spot Market Quotes when conducted must be forwarded to all Vendors in their respective Groups. All Department's are responsible to conduct their own spot market quotes and responsible to ensure that all Vendors are in compliance with procedures and all applicable ordinances.

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
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End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: Yes	DPM Award: No
BCC Date:	DPM Date: 06/23/2015

Contract Amount: \$ 1,520,000.00

Additional Items Allowed:

Agenda Item No.: 8(F)(7)

Special Conditions:

Living wages applies to this RTQ. Insurance applies only to certain Groups and certain Vendors. It is the Department's responsibility to require insurance from any Vendors that will enter Miami-Dade County's Property and are not already approved by Risk Management. Also, the Department must advise the Procurement Officer of such insurance requirements.

BPO INFORMATION Section:

1	ABCW1500648	
	Commodity ID	Commodity Name
	700-57	OFFSET PRINTING ACCESSORIES AND
	Department	Department Allocation
	ID0105**	\$800,000.00
	MT	\$720,000.00

End of BPO Information Section